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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No. 93698-US First Named Inventor Jason T. Sterne Original Patent Number 5,818,839 Original Patent Issue Date (Month/Day/Year) 10/06/98 Express Mail Label No. 93698-US
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent <i>(Check applicable box)</i>	
APPLICATION ELEMENTS (37 CFR 1.173)	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (<i>amended, if appropriate</i>) 4. <input checked="" type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i> 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(PTO/SB/96)</i>	
ACCOMPANYING APPLICATION PARTS	
7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c). 8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (<i>if applicable</i>) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (<i>if applicable</i>) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. Other:	

15. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			<input checked="" type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach Bar code label here)</small>		
Name	Marks & Clerk				
	P.O. Box 957, Station B				
Address	Ottawa	State	Ontario	Zip Code	K1P 5S7
City	Canada	Telephone	613 236-9561	Fax	613 230-8821

NAME (Print/Type)	George M. MacGregor	Registration No. (Attorney/Agent)	37,547
Signature		Date	October 4, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
93698-US

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 11	**** =	x \$ _____ =		or	x \$ _____ =
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* =	x \$ _____ =			x \$ _____ =
							\$ 710.00
				Basic Fee (37 CFR 1.16(h))	\$ _____		
				Total Filing Fee	\$ _____	OR	\$ 710.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 11	MINUS	** 20	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	**** 2	=	x \$ _____ =			
					Total Additional Fee	\$ _____	OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 13-1717. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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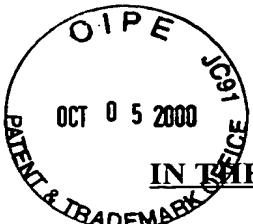
October 4, 2000

Date

Signature of Applicant, Attorney or Agent of Record

George M. MacGregor (37,547)

Typed or printed name



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jason T. Sterne

For : **TIMING REFERENCE FOR SCHEDULING
DATA TRAFFIC ON MULTIPLE PORTS**

Patent No. : **5,818,839**

Issued : October 6, 1998

Examiner : K. Vanderpuye

Art Unit : 2732

Our File : **93698-US**

October 4, 2000

**Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231
U. S. A.**

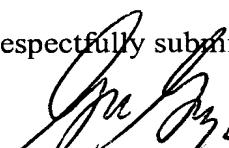
TRANSMITTAL LETTER

Sir:

In connection with the above-captioned application, please find enclosed for filing:

- Reissue Patent Application Transmittal
- Reissue Application Fee Transmital Form
- Reissue Application Declaration by the Inventor
- Statement Under 37 CFR 3.73(b)
- Specification
- Drawings
- Statement of Status/Support for changes to the claims
- Preliminary Amendment
- Cheque in the amount of \$710.00

Respectfully submitted,



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